[redacted]iling Number: 201873734490 Date: 8/1/2018 4:00:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation
126035	PINE LODGE CONDOMINIUM ASSOCIATION
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: CONDOMINIUM MANAGEMENT
4. NAICS Code: 813990 - Other Similar Organiz	

6. Principal Office Address	City	State	Zip
32 CATHERINE STREET	NEWPORT	RI	02840

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: JOHN FRITCH			Vice-President Name: JILL BROOKS		
Street Address: 32 CATHERINE STREET UNIT B			Street Address: 32 CATHERINE STREET UNIT C		
City: NEWPORT	State: RI	Zip: 02840	City: NEWPORT	State: RI	Zip: 02840
Secretary Name: LARA FRITCH			Treasurer Name: JOHN FRITCH		
Street Address: 32 CATHERINE STREET UNIT B			Street Address: 32 CATHERINE STREET UNIT B		
City: NEWPORT	State: RI	Zip: 02840	City: NEWPORT	State: RI	Zip: 02840

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. — Check the box to indicate an attachment ☐

Director Name: JOHN FRITCH			Director Name: JILL BROOKS		
Street Address: 32 CATHERINE STREET UNIT B			Street Address: 32 CATHERINE STREET UNIT C		
City: NEWPORT	State: RI	Zip: 02840	City: NEWPORT	State: RI	Zip: 02840
Director Name: LARA FRITCH			Director Name:		
Street Address: 32 CATHERINE STREET UNIT B			Street Address:		
City: NEWPORT	State: RI	Zip: 02840	City:	State:	Zip:

9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
JOHN FRITCH	07/25/2018

Signature of Officer/Authorized Representative: SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
AUG 01 2018
BY 305170S

FORM 631 - Revised: 11/2017